

AO 435 (Rev. 04/18)	ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS			FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:	
<i>Please Read Instructions:</i>					
1. NAME Carlos Solis		2. PHONE NUMBER (210) 446-5000		3. DATE 5/24/2021	
4. DELIVERY ADDRESS OR EMAIL csolis@hilley-solis.com		5. CITY San Antonio		6. STATE TX	7. ZIP CODE 78201
8. CASE NUMBER 2:13-CR-01075	9. JUDGE Nelva Gonzales Ramos	DATES OF PROCEEDINGS 10. FROM 5/21/2021 11. TO 5/21/2021			
12. CASE NAME USA v. Hernandez et al		LOCATION OF PROCEEDINGS 13. CITY Corpus Christi 14. STATE TX			
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE				<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)				Luis Carlos Castillo	05/21/2021
<input type="checkbox"/> OPENING STATEMENT (Defendant)				Hector Javier Villarreal	05/21/2021
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		05/21/2021		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)		05/21/2021			
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING					
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00
18. SIGNATURE				PROCESSED BY	
19. DATE 5/25/2021				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED	DATE	BY			
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00	